



<b>PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)</b>		Atty. Docket No. 99-26															
Inventor(s): BOWEN et al.																	
Appln. No.: 09/698,743		Conf. No.: 6821															
Filed: October 27, 2000																	
Title: Method and Apparatus for Monitoring and Controlling a Medical Device																	
Examiner: Dawson, G.		Group Art Unit: 3731															
Express Mail Label No. (if applicable): EL 997385093 US																	
<p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>September 14, 2005</u> are as follows:</p> <p>(check time period desired)</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input type="checkbox"/></td><td style="width: 60%;">One month - 37 C.F.R. § 1.17(a)(1)</td><td style="width: 25%; text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months - 37 C.F.R. § 1.17(a)(2)</td><td style="text-align: right;">\$ <u>450.00</u></td></tr><tr><td><input type="checkbox"/></td><td>Three months - 37 C.F.R. § 1.17(a)(3)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Four months - 37 C.F.R. § 1.17(a)(4)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months - 37 C.F.R. § 1.17(a)(5)</td><td style="text-align: right;">\$ _____</td></tr></table> <p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p> <p><input checked="" type="checkbox"/> Fee Transmittal Form Attached. <i>(Submit original and a duplicate for fee processing)</i></p> <p><input type="checkbox"/> A check covering the amount due of \$ _____ is enclosed (check no. _____).</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="margin-left: 40px;"><input type="checkbox"/> applicant.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><p>_____ November 14, 2005 Date</p></div><div style="width: 55%; text-align: center;"><p>_____ <i>Michael W. Haas</i> Signature</p><p>_____ Michael W. Haas Typed Name</p></div></div>			<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ _____	<input checked="" type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ <u>450.00</u>	<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ _____	<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____	<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$ _____
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